

County: Shawano
 EVERGREEN CARE CENTER
 1250 EVERGREEN STREET
 SHAWANO

Facility ID: 3120

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54166 Phone: (715) 526-3107
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 64
 Total Licensed Bed Capacity (12/31/03): 83
 Number of Residents on 12/31/03: 59

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 56

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 13.6 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 39.0 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 13.6 | More Than 4 Years | | 18.6 |
| Day Services | No | Mental Illness (Org./Psy) | 23.7 | 65 - 74 | 10.2 | | | ---- |
| Respite Care | No | Mental Illness (Other) | 1.7 | 75 - 84 | 33.9 | | | 71.2 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 32.2 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 10.2 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 1.7 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 0.0 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 22.0 | 65 & Over | 86.4 | ----- | | |
| Transportation | No | Cerebrovascular | 11.9 | | ----- | RNs | | 7.7 |
| Referral Service | No | Diabetes | 16.9 | Gender | % | LPNs | | 8.4 |
| Other Services | No | Respiratory | 3.4 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 18.6 | Male | 16.9 | Aides, & Orderlies | | |
| Mentally Ill | No | | ---- | Female | 83.1 | | | |
| Provide Day Programming for | | | 100.0 | | ---- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | Total | % |
|----------------------|-----|------------------------|---------------------|------------------------|-------|---------------------|-----|----------------|---------------------|----------------|-------|---------------------|-----|-----|---------------------|-----|-----|----------------|-----------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Resi- dents | Of All |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Skilled Care | 6 | 100.0 | 234 | 30 | 85.7 | 110 | 0 | 0.0 | 0 | 18 | 100.0 | 152 | 0 | 0.0 | 0 | 0 | 0.0 | 54 | 91.5 |
| Intermediate | --- | --- | --- | 5 | 14.3 | 92 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 5 | 8.5 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Total | 6 | 100.0 | | 35 | 100.0 | | 0 | 0.0 | | 18 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | 59 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | ----- | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 20.7 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathing | 0.0 | 93.2 | 6.8 | 59 |
| Other Nursing Homes | 5.4 | Dressing | 16.9 | 76.3 | 6.8 | 59 |
| Acute Care Hospitals | 72.8 | Transferring | 37.3 | 49.2 | 13.6 | 59 |
| Psych. Hosp.-MR/DD Facilities | 1.1 | Toilet Use | 33.9 | 55.9 | 10.2 | 59 |
| Rehabilitation Hospitals | 0.0 | Eating | 64.4 | 27.1 | 8.5 | 59 |
| Other Locations | 0.0 | ***** | | | | |
| Total Number of Admissions | 92 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 3.4 | Receiving Respiratory Care | | 11.9 |
| Private Home/No Home Health | 36.8 | Occ/Freq. Incontinent of Bladder | 33.9 | Receiving Tracheostomy Care | | 0.0 |
| Private Home/With Home Health | 0.0 | Occ/Freq. Incontinent of Bowel | 15.3 | Receiving Suctioning | | 0.0 |
| Other Nursing Homes | 12.6 | | | Receiving Ostomy Care | | 1.7 |
| Acute Care Hospitals | 17.2 | Mobility | | Receiving Tube Feeding | | 5.1 |
| Psych. Hosp.-MR/DD Facilities | 1.1 | Physically Restrained | 8.5 | Receiving Mechanically Altered Diets | | 23.7 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 3.4 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 28.7 | With Pressure Sores | 8.5 | Have Advance Directives | | 100.0 |
| Total Number of Discharges | | With Rashes | 0.0 | Medications | | |
| (Including Deaths) | 87 | | | Receiving Psychoactive Drugs | | 55.9 |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|-------------------------------------|-------|------------------------------|-------|---------------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Proprietary Peer Group % | Ratio | Bed Size: 50-99 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 66.4 | 80.8 | 0.82 | 83.7 | 0.79 | 84.0 | 0.79 | 87.4 | 0.76 |
| Current Residents from In-County | 79.7 | 73.7 | 1.08 | 72.8 | 1.09 | 76.2 | 1.05 | 76.7 | 1.04 |
| Admissions from In-County, Still Residing | 21.7 | 19.8 | 1.10 | 22.7 | 0.96 | 22.2 | 0.98 | 19.6 | 1.11 |
| Admissions/Average Daily Census | 164.3 | 137.9 | 1.19 | 113.6 | 1.45 | 122.3 | 1.34 | 141.3 | 1.16 |
| Discharges/Average Daily Census | 155.4 | 138.0 | 1.13 | 115.9 | 1.34 | 124.3 | 1.25 | 142.5 | 1.09 |
| Discharges To Private Residence/Average Daily Census | 57.1 | 62.1 | 0.92 | 48.0 | 1.19 | 53.4 | 1.07 | 61.6 | 0.93 |
| Residents Receiving Skilled Care | 91.5 | 94.4 | 0.97 | 94.7 | 0.97 | 94.8 | 0.97 | 88.1 | 1.04 |
| Residents Aged 65 and Older | 86.4 | 94.8 | 0.91 | 93.1 | 0.93 | 93.5 | 0.92 | 87.8 | 0.98 |
| Title 19 (Medicaid) Funded Residents | 59.3 | 72.0 | 0.82 | 67.2 | 0.88 | 69.5 | 0.85 | 65.9 | 0.90 |
| Private Pay Funded Residents | 30.5 | 17.7 | 1.73 | 21.5 | 1.42 | 19.4 | 1.57 | 21.0 | 1.46 |
| Developmentally Disabled Residents | 0.0 | 0.8 | 0.00 | 0.7 | 0.00 | 0.6 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 25.4 | 31.0 | 0.82 | 39.1 | 0.65 | 36.5 | 0.70 | 33.6 | 0.76 |
| General Medical Service Residents | 18.6 | 20.9 | 0.89 | 17.2 | 1.08 | 18.8 | 0.99 | 20.6 | 0.91 |
| Impaired ADL (Mean) | 40.0 | 45.3 | 0.88 | 46.1 | 0.87 | 46.9 | 0.85 | 49.4 | 0.81 |
| Psychological Problems | 55.9 | 56.0 | 1.00 | 58.7 | 0.95 | 58.4 | 0.96 | 57.4 | 0.98 |
| Nursing Care Required (Mean) | 6.4 | 7.2 | 0.88 | 6.7 | 0.95 | 7.2 | 0.89 | 7.3 | 0.87 |